

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary
Changes**

Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Amend sections 15290 and 15400.1. of the California Code of Regulations, title 27, division 1, subdivision 4, chapter 1, part II, articles 6 and 9 to read as follows:

§ 15290. What reports must the CUPA submit to the State?

(a) continued

(b) continued

(c) On a semi-annual basis, each CUPA shall send information pertaining to local underground storage tank program implementation to the State Water Resources Control Board using Semi-Annual Underground Storage Tank (UST) Program Report, Report 6. This report shall satisfy the requirements of Health and Safety Code, section 25299.7(b) and CCR title 23, section 2713.

(1) Semi-Annual Underground Storage Tank (UST) Program Report provides information on semi-annual changes to the number of regulated tank facilities; the number of active and permanently closed petroleum and non-petroleum tank systems; the number of completed UST facility inspections; a count of active UST facilities in compliance with release detection and release prevention requirements; and information regarding red tags issued pursuant to CCR, title 23, article 10.5. The CUPA will also review and verify the information shown from the previous reporting period and make any appropriate changes.

(2) The semi-annual reports shall be submitted by March 1 and September 1 to the:

State Water Resources Control Board, Division of Water Quality, UST Program, P.O. Box 2231 Sacramento, CA 95812-2231.

(d) continued

(e) continued

(f) continued

(g) continued

(h) continued

(i) continued

(j) continued

Authority cited: Sections 25404(b), (c), (d) and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25299.3(b), 25404(b), (c) and (d), 25404.4(a)(1) and 25404.5(b), Health and Safety Code.

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§15400.1. What is the format of the UPCF and its required elements?

(a) The format of the UPCF refers to the way it is organized [see Figure 5]. The UPCF contains the following sections:

(1) Facility Information, to be completed by all regulated businesses:

(A) Business Activities

(B) Business Owner/Operator Identification (OES Form 2730)

(2) Hazardous Materials:

(A) Hazardous Materials Inventory-Chemical Description (OES Form 2731)

(3) Tanks:

(A) Underground Storage Tank Operating Permit Application- Facility Information

(B) Underground Storage Tank Operating Permit Application Tank Information

(C) Underground Storage Tank Certification of Installation/Modification

(D) Underground Storage Tank Monitoring Plan

(4) Hazardous Waste

A) Recyclable Materials Report (per Health and Safety Code, Section 25143.10)

(B) Onsite Hazardous Waste Treatment Notification-Facility (formerly DTSC Form 1772)

(C) Onsite Hazardous Waste Treatment Notification-Unit (formerly DTSC Forms 1772A, B, C, D, E, and L)

(D) Certification of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (formerly DTSC Form 1232)

(E) Remote Waste Consolidation Site Annual Notification (formerly DTSC Form 1196)

(F) Hazardous Waste Tank Closure Certification (formerly DTSC Form 1249)

(b) continued

Authority cited: Sections 25404(b), (c), (d), and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25143.10, 25144.6, 25200.3, 25200.14, 25201, 25201.4.1, 25201.5, 25201.13, 25218.2, 25218.9, 25245.4, 25286, 25287, 25503.5, 25505, 25506 and 25509, Health and Safety Code.

Reports
3, 4, 6

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Amend Reports 3, 4 and 6 required by California Code of Regulations, title 27, division 1, subdivision 4, chapter 1, article 6, section 15290 to read as follows:

<p align="center">UNIFIED PROGRAM ANNUAL INSPECTION SUMMARY REPORT 27 CCR § 15290</p>						
<p>Report 3</p>						
<p>Completed By: _____ (print name)</p>		<p>Date Submitted: _____</p>				
<p>Fiscal Year: _____</p>		<p>CUPA Name: _____</p>				
<p>Telephone Number: () _____</p>						
PROGRAM ELEMENTS		1 No. of Regulated Businesses in each Program Element	2 No. of Regulated Businesses Inspected in each Program Element	3 Number of Routine Inspections	4 % of Routine Inspections w/Class I or II violation that RTC w/in 90 Days	5 Number of Other Inspections
Hazardous Materials Release Response Plans (HMRPP)						
California Accidental Release Prevention (CalARP)						
Underground Storage Tank (UST) Facilities						
Aboveground Petroleum Storage Tank (AST) Facilities						
Hazardous Waste Generators						
Generators (ALL)						
RCRA Large Quantity Generators						
Onsite Hazardous Waste Treatment (PBR, CA, CE)						
Household HW (HHW)						
(PBR, CA, CE)						

UPCF rev. (mm/07)

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Report 4 UNIFIED PROGRAM ANNUAL ENFORCEMENT SUMMARY REPORT 27 CCR § 15290											
Completed By: _____ Fiscal Year: _____ (print name) Telephone Number: () _____			Date Submitted: _____ CUPA Name: _____								
VIOLATIONS INFORMATION				ENFORCEMENT ACTIONS TAKEN							
PROGRAM ELEMENTS	Number of Facilities with Violation Type			No. of Informal Actions	No. of Formal Actions	Number of Local AEOs	Total Number of AEOs	AEOs Issued within 240 Days	Number of Civil/Criminal Referrals	Cash Fines/Penalties Imposed	Value of SEP Penalties Imposed
	Class I	Class II	Minor								
Hazardous Materials Release Response Plans (HMRPP)											
California Accidental Release Prevention (CalARP)											
Underground Storage Tank (UST) Facilities											
Aboveground Petroleum Storage Tank (AST) Facilities											
Hazardous Waste Generators											
Generators (ALL)											
RCRA Large Quantity Generators (LQG)											
Onsite Hazardous Waste Treatment (PBR, CA, CE)											
Household Hazardous Waste (HHW)											
Recyclers											

UPCF Rev. (mm/07)

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**CUPA REPORT 6 (Side One)
SEMI-ANNUAL UNDERGROUND STORAGE TANK (UST) PROGRAM REPORT**

27 CCR §15290 and 23 CCR § 2713

AGENCY CODE		REPORT FOR (Reporting Period, Year)
AGENCY NAME		
ADDRESS		
CITY, STATE, ZIP		
PERSON COMPLETING FORM		
PHONE NUMBER		
EMAIL ADDRESS		

USTS OR ACTIVITY	Column A (1) Total number as of previous reporting period	Column B Number of new facilities or systems this reporting period	Column C Number of facilities or systems permanently closed this reporting period
1. Regulated facilities with UST systems			
2. Active Petroleum UST systems			
3. Active Non-petroleum UST systems			
		Total number this reporting period	
4. UST facility inspections			
a. Facilities in compliance with release detection requirements only			
b. Facilities in compliance with release prevention requirements only			
c. Facilities in compliance with both release detection and release prevention requirements			
d. Facilities with one or more violations of both release detection and release prevention requirements			

1. If you have any corrections to numbers in Column A, please explain here: ±

{i.e. Item 1: -2 [2 facilities closed] }

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CUPA REPORT 6 (Side Two)

AGENCY CODE	REPORT FOR (Reporting Period, Year)
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5. Number of red tags issued for significant violations	
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Specific information regarding red tags issued. Please insert below the requested information for each facility receiving a red tag this reporting period. (Please note: the Name entry cell below will wrap text so just use commas between name, street, etc, do not hit enter)

a. Facility Name & Address <small>(Street, City, Zip)</small>	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				
a. Facility Name & Address <small>(Street, City, Zip)</small>	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				
a. Facility Name & Address <small>(Street, City, Zip)</small>	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				
a. Facility Name & Address <small>(Street, City, Zip)</small>	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				

2. SIGNIFICANT VIOLATION NUMBER ENTERED IS FOR REASON BELOW

1. liquid release 2. impair leak detection 3. chronic/recalcitrant owner/operator

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Lead Tag Information Contact Person (if different from person completing form on Side One)

Name, phone number, and email address

Chapter 1 – Facility Information

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Amend California Code of Regulations, title 27, division 3, subdivision 1, chapter 1.
Facility Information, to read as follows:

1. Business Activities					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA Identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number usually starts with the letters 'CA'. The number can be obtained from the Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
4	Hazardous Materials On Site	Y or N	1	AN	Business must report that it has hazardous materials on site if: - it is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure), - it is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A, - radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with those regulations. Triggers requirement for chemical description data elements.
4a	CalARP Regulated Substances	Y or N	1	AN	Business must report that it has Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP).
5	Own or Operate Underground Storage Tank	Y or N	1	AN	Facility must report if it owns or operates USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST facility and tank data elements.
6	Upgrade/Install Underground Storage Tank	Y or N	1	AN	Facility must report if it intends to install or upgrade USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST installation data elements.
7	Underground Storage Tank Closure	Y or N	1	AN	Facility must report if a UST which held hazardous materials is being closed in place. Triggers requirement for UST closure data elements.
8	Own or Operate Aboveground Petroleum Storage Tank	Y or N	1	AN	Facility must report if it stores petroleum in aboveground tanks. "Petroleum" means crude oil or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2(g)). The facility must report if any ASTs capacity exceeds 660 gallons or if the total facility storage capacity (aggregate) exceeds 1320 gal. "Storage tank" does not include any of the following: - a pressure vessel or boiler which is subject to Division 5 of the Labor Code, - a storage tank containing hazardous waste if a hazardous waste facilities permit has been issued for the storage tank by DTSC,

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					<ul style="list-style-type: none"> - an aboveground oil production tank which is regulated by the Division of Oil and Gas, or - certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9	Hazardous Waste Generator	Y or N	1	AN	Facility must report if it generates hazardous waste. "Hazardous waste" means a waste that meets any of the criteria for the identification of a hazardous waste adopted by the department pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, RCRA hazardous waste. Unless expressly provided otherwise, the term "hazardous waste" shall be understood to also include extremely hazardous waste and acutely hazardous waste. Triggers requirement to obtain and provide EPA Identification number.
10	Recycle	Y or N	1	AN	Facility must report if it recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption pursuant to HSC 25143.2. This includes onsite and offsite facilities that recycle under this law. Triggers requirement for Recyclable Materials data elements. Persons that send recyclable material offsite to be recycled and that do not recycle onsite are not included in this category.
11	Onsite Hazardous Waste Treatment	Y or N	1	AN	Facility must report if it treats hazardous waste under an onsite tier. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC 25123.5(b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require treatment. Refer to HSC 25200.3.1 for specific information. Contact CUPA to determine if any exemptions or exclusions apply. Triggers requirement for onsite hazardous waste treatment data elements.
12	Financial Assurance	Y or N	1	AN	Facilities that treat hazardous waste under PBR or CA tiers are required to provide financial assurance for closure costs (per 22 CCR 67450.13(b), HSC 25245.4), unless they are exempt. Triggers requirement for financial assurance data elements.
13	Remote Waste Consolidation Site	Y or N	1	AN	Facilities must report if they collect hazardous waste initially at remote sites and subsequently transport the hazardous waste to a consolidation site they operate pursuant to HSC 25110.10. Triggers requirement for remote hazardous waste consolidation data elements.
14	Hazardous Waste Tank Closure	Y or N	1	AN	Facilities must report if the tank being closed would be classified as hazardous waste, after its contents are removed. Classification could be based on: <ul style="list-style-type: none"> - the facility's knowledge of the tank and its contents, - testing of the tank, - inability to remove hazardous materials stored in the tank, - the mixture rule, or - the listed wastes in 40 CFR 261.31, 40 CFR 261.32. Triggers requirement for hazardous waste data elements.
14a	RCRA Hazardous Waste Generator	Y or N	1	AN	Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2

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					pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.
14b	HHW Collection	Y or N	1	AN	Facilities must report if they collect hazardous waste as a Household Hazardous Waste (HHW) Collection site.
15	Local Requirements				For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Business Owner/Operator Identification					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
100	Beginning Date	YYYYMMDD	8	D	Beginning year and date of report.
101	Ending Date	YYYYMMDD	8	D	Ending year and date of report.
102	Business Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of this site.
102a	Business Fax	Area code + 7 digit phone number + extension	15	AN	Fax number of this site.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
105	Zip Code (Business)	Postal standard	9	AN	Zip code of business site.
106	Dun & Bradstreet	D-U-N-S (data universal numbering system) 9 digit number	9	AN	Dun & Bradstreet D-U-N-S number for facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107	SIC Code	Standard Industrial Classification (SIC) Code 4 digit number	4	AN	Standard Industrial Classification (SIC) Code number for primary business activity. If code is more than 4 digits, report only the first four.
107a	NAICS Code	North American Industrial Classification System (NAICS) Number	6	AN	Standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. Will replace SIC Code.
108	County		20	AN	County in which business site is located.
109	Business Operator Name		35	AN	Name of business operator.
110	Business Operator Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business operator, if different from business phone.
16a	Business Mailing	Postal standard:	70	AN	Mailing address of business, if different from business site

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	Address	2 lines, 35 characters			address.
110b	Business City	Postal standard	20	AN	City for business mailing address.
110c	Business State	Postal standard	2	AN	State for business mailing address.
110d	Business Zip Code	Postal standard	9	AN	Zip code for business mailing address.
111	Business Owner Name		35	AN	Name of business owner, if different from business operator.
112	Business Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business owner, if different from business phone.
113	Business Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of owner, if different from business site address.
114	Business Owner City	Postal standard	20	AN	City for owner's mailing address.
115	Business Owner State	Postal standard	2	AN	State for owner's mailing address.
116	Business Owner Zip Code	Postal standard	9	AN	Zip code for owner's mailing address.
117	Environmental Contact Name		35	AN	Name of person, if different from the business owner/operator, who receives all environmental correspondence and will respond to enforcement activity.
118	Environmental Contact Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of environmental contact, if different from business owner or operator.
119	Environmental Contact Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address for all environmental contact correspondence, if different from the site address.
119a	Environmental Contact Email Address		70	AN	Emailing address for all environmental contact correspondence.
120	Environmental Contact City	Postal standard	20	AN	City for environmental contact's mailing address.
121	Environmental Contact State	Postal standard	2	AN	State for environmental contact's mailing address.
122	Environmental Contact Zip Code	Postal standard	9	AN	Zip code for environmental contact's mailing address.
123	Primary Emergency Contact Name		35	AN	Name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124	Primary Emergency Contact Title		35	AN	Title of primary emergency contact.
125	Primary Emergency Contact Business Phone Number	Area code + 7 digit phone number + extension	15	AN	Business phone number of primary emergency contact.
126	Primary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for primary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
127	Primary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for primary emergency contact, if available.
128	Secondary Emergency		35	AN	Name of secondary representative that can be contacted in the event that the primary emergency contact is not available. The

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	Contact Name				contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129	Secondary Emergency Contact Title		35	AN	Title of secondary emergency contact.
130	Secondary Emergency Contact Business Phone	Area code + 7 digit phone number + extension	15	AN	Business phone number of secondary emergency contact.
131	Secondary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for secondary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
132	Secondary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for secondary emergency contact, if available.
133	Additional Locally Collected Information	Narrative	255	AN	For local use only. This space may be used for CUPAs or agencies authorized by the Secretary pursuant to HSC 25404.3(f)(2) to collect any additional information necessary to meet the requirements of their individual programs. Contact local agency for guidance.
134	Date Identification Signed	YYYYMMDD	8	D	Date the document was signed.
135	Document Preparer Name (Identification)		35	AN	Full name of person who prepared the submittal information.
136	Name of Signer of Identification		35	AN	Full name of person signing the page. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
137	Title of Signer of Identification		35	AN	Title of person signing the page.

Chapter 2 – Hazardous Materials

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California Environmental Protection Agency Reference Number: U-2007-01

Amend California Code of Regulations, title 27, division 3, subdivision 1, chapter 2.
Hazardous Materials, to read as follows:

HAZARDOUS MATERIALS 2 Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
200	Add / Delete / Revise	a = add d = delete r = revise	1		Indicates if material is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised. Not required for electronic data collection. NOTE: This field may be empty if entire inventory is resubmitted annually.
201	Chemical Location (Inventory)	Narrative	140	AN	Building or outside/adjacent area where hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, may be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC 25506.
202	Chemical Location Confidential - EPCRA	Y or N	1	AN	If the business is subject to the Emergency Planning and Community Right to Know Act (EPCRA) this field indicates whether the business wishes to keep chemical location information confidential.
203	Map Number	Optional field	15	AN	If a map is included, number of map on which the location of the hazardous material is shown.
204	Grid Number	Optional field	15	AN	If grid coordinates are used, coordinates of map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205	Chemical Name	Narrative	60	AN	Proper chemical name associated to the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "common name" field instead.
206	Trade Secret	Y or N	1	AN	Indicates if information in this section is declared a trade secret. If business is not subject to EPCRA, trade secret information is bound by State requirements, as defined in HSC 25511. If business is subject to EPCRA, trade secret information is bound by Federal requirements, as defined in 40 CFR and business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207	Common Name (Inventory)		60	AN	Common name or trade name of hazardous material or mixture containing a hazardous material.
208	EHS	Y or N	1	AN	Indicates if hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR Part 355, Appendix A. If the material is a mixture containing an EHS, do not complete this field; report

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HAZARDOUS MATERIALS 2 Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					on the individual hazardous components in the appropriate section below.
209	CAS #	Chemical Abstract Service number	15	AN	Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS # of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS #, do not complete this field; report the CAS #s of the individual hazardous components in the appropriate section below.
210	Fire Code Hazard Classes	Narrative	60	AN	May be required by the CUPA. Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. A list of the various hazard classes and instructions on how to determine which class a material falls under are included in the appendices of the Uniform Fire Code Article 80. If a material has more than one applicable hazard class, include all. Contact CUPA for guidance.
211	Hazardous Material Type (Inventory)	a = pure b = mixture c = waste	1	AN	Type of hazardous material. If waste material, check only that box. If mixture or waste, complete the individual hazardous components section below.
212	Radioactive	Y or N	1	AN	Indicates whether the hazardous material stored is radioactive.
213	Curies	9 digits with floating decimal	10	N	Activity in curies if the hazardous materials stored is radioactive.
214	Physical State	a = solid b = liquid c = gas	1	AN	Physical state of the hazardous material stored.
215	Largest Container	Maximum 13 digit number, report units in Item 221.	13	N	Total capacity of largest container in which material is stored.
216a	Federal Hazard Category = fire	Y or N	1	AN	Physical and health hazards associated with hazardous material. FIRE: Flammable liquids and solids, combustible liquids, pyrophorics, oxidizers.
216b	Federal Hazard Category = reactive	Y or N	1	AN	Physical and health hazards associated with hazardous material. REACTIVE: Unstable reactive, organic peroxides, water reactive, radioactive.
216c	Federal Hazard Category = pressure release	Y or N	1	AN	Physical and health hazards associated with hazardous material. PRESSURE RELEASE: Explosives, compressed gases, blasting agents.
216d	Federal Hazard Category = acute health	Y or N	1	AN	Physical and health hazards associated with hazardous material. ACUTE HEALTH (Immediate): Highly toxic, toxic, irritants, sensitizers, corrosives, other hazardous chemicals with an adverse effect with short term exposure.
216e	Federal Hazard Category = chronic health	Y or N	1	AN	Physical and health hazards associated with hazardous material. CHRONIC HEALTH (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure.
217	Average Daily Amount	Maximum 15 digit number.	15	N	Average daily amount of hazardous material or

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HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA//CODES	LENGT H	TYP E	INFORMATION DESCRIPTION
		This amount should be consistent with the units reported in item 221. NOTE: This amount should not exceed that of maximum daily amount.			mixture containing a hazardous material in each building or adjacent/outside area. Calculations are based on previous year's inventory of material reported on this page by totaling all daily amounts and dividing by the number of days the chemical will be present on the site. If this is a material that has not previously been present at this location the amount is the average daily amount projected to be on hand during the course of the year.
218	Maximum Daily Amount	Maximum 15 digit number. This amount should be consistent with the units reported in item 221.	15	N	Maximum amount of each hazardous material or mixture containing a hazardous material handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year.
219	Annual Waste Amount	Maximum 15 digit number	15	N	Estimate of annual amount handled, if the hazardous material is a waste.
220	State Waste Code	California 3-digit hazardous code	3	AN	California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste manifest, if the hazardous material is a hazardous waste.
221	Units (Inventory)	a = cubic feet b = pounds c = tons d = gallons	1	AN	Unit of measure which is most appropriate for the material being reported on this page. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222	Days on Site		3	N	Total number of days during the year material is on site.
223a	Storage Container = aboveground tank	Y or N	1	AN	Type of storage container in which hazardous material is stored.
223b	Storage Container = underground tank	Y or N	1	AN	See description in item 223a above.
223c	Storage Container = tank inside building	Y or N	1	AN	See description in item 223a above.
223d	Storage Container = steel drum	Y or N	1	AN	See description in item 223a above.
223e	Storage Container = plastic / nonmetallic drum	Y or N	1	AN	See description in item 223a above.
223f	Storage Container = can	Y or N	1	AN	See description in item 223a above.
223g	Storage Container = carboy	Y or N	1	AN	See description in item 223a above.
223h	Storage Container = silo	Y or N	1	AN	See description in item 223a above.
223i	Storage Container = fiber drum	Y or N	1	AN	See description in item 223a above.

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HAZARDOUS MATERIALS 2 Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
223j	Storage Container = bag	Y or N	1	AN	See description in item 223a above.
223k	Storage Container = box	Y or N	1	AN	See description in item 223a above.
223l	Storage Container = cylinder	Y or N	1	AN	See description in item 223a above.
223m	Storage Container = glass bottle	Y or N	1	AN	See description in item 223a above.
223n	Storage Container = plastic bottle	Y or N	1	AN	See description in item 223a above.
223o	Storage Container = tote bin	Y or N	1	AN	See description in item 223a above.
223p	Storage Container = tank truck, tank wagon	Y or N	1	AN	See description in item 223a above.
223q	Storage Container = tank car, rail car	Y or N	1	AN	See description in item 223a above.
223r	Storage Container = other	Narrative	30	AN	See description in item 223a above.
224	Storage Pressure	a = ambient b = below ambient c = above ambient	1	AN	Pressure at which hazardous material is stored.
225	Storage Temperature	a = ambient b = below ambient c = above ambient d = cryogenic	1	AN	Temperature at which hazardous material is stored.
226	Hazardous Component 1 Percent by Weight	2.2 (implied decimal)	4	N	Percentage weight of hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range.
227	Hazardous Component 1 Name	Narrative	80	AN	Chemical name of hazardous component in a mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, the business may submit an additional sheet of paper to capture the required information. Information on more than five components is not submitted electronically unless the CUPA has established local standards. When reporting a waste mixture, mineral and chemical composition should be listed.
228	Hazardous Component 1 EHS	Y or N	1	AN	Indicates if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR Part 355.
229	Hazardous Component 1 CAS #		15	AN	Chemical Abstract Service (CAS) number related to hazardous component in the mixture.
230	Hazardous Component 2 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.

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HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA//CODES	LENGT H	TYP E	INFORMATION DESCRIPTION
231	Hazardous Component 2 Name		80	AN	See description in item 227.
232	Hazardous Component 2 EHS	Y or N	1	AN	See description in item 228.
233	Hazardous Component 2 CAS #		15	AN	See description in item 229.
234	Hazardous Component 3 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
235	Hazardous Component 3 Name		80	AN	See description in item 227.
236	Hazardous Component 3 EHS	Y or N	1	AN	See description in item 228.
237	Hazardous Component 3 CAS #		15	AN	See description in item 229.
238	Hazardous Component 4 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
239	Hazardous Component 4 Name		80	AN	See description in item 227.
240	Hazardous Component 4 EHS	Y or N	1	AN	See description in item 228.
241	Hazardous Component 4 CAS #		15	AN	See description in item 229.
242	Hazardous Component 5 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
243	Hazardous Component 5 Name		80	AN	See description in item 227.
244	Hazardous Component 5 EHS	Y or N	1	AN	See description in item 228.
245	Hazardous Component 5 CAS #		15	AN	See description in item 229.
If more than five hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, the information is not submitted electronically unless the CUPA has established local data standards.					
246	Additional Locally Collected Information		255	AN	For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Chapter 3 – Tanks

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Amend California Code of Regulations, title 27, division 3, subdivision 1, chapter 3.
Tanks, to read as follows:

III. UNDERGROUND STORAGE TANK A. UST Operating Permit Application-Facility Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
400	Type of Action	1 = new permit 3 = renewal permit 5 = change of information 6 = temporary facility closure 7 = permanent facility closure 9 = Transfer Permit	1	AN	Reason page is being submitted.
401	Facility-Type (UST Facility)	1 = motor vehicle fueling 2 = fuel distribution 3 = farm 4 = processor 6 = other	1	AN	Type of UST facility.
402	Total Number of USTs at Facility		4	N	Number of USTs remaining on the site after requested action.
403	Indian or Trust Land	1=Yes 2=No	1	AN	Indicates if facility is located on Indian reservation or other trust lands.
404	Supervisor of Division, Section, or Office (Required for Public Agencies Only)		35	AN	Contact person for tank records, if facility owner is a public agency.
405	Property Owner Name		35	AN	Name of property owner.
406	Property Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of property owner.
407	Property Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of property owner.
408	Property Owner City	Postal standard	20	AN	City of property owner.
409	Property Owner State	Valid 2-digit state code	2	AN	State of property owner.
410	Property Owner Zip Code	Postal standard	9	AN	Zip code of property owner.

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III. UNDERGROUND STORAGE TANK					
A. UST Operating Permit Application-Facility Information					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
411	Tank Owner Name		35	AN	Name of tank owner.
412	Tank Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
413	Tank Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of tank owner, if different from business owner.
414	Tank Owner City	Postal standard	20	AN	City of tank owner, if different from business owner.
415	Tank Owner State	Valid 2-digit state code	2	AN	State of tank owner, if different from business owner.
416	Tank Owner Zip Code	Postal standard	9	AN	Zip code of tank owner, if different from business owner.
417	Tank Owner Type	4 = local agency / district 5 = county agency 6 = state agency 7 = federal agency 8 = non-government	1	AN	Type of UST ownership.
418	BOE Number	BOE 8 digit number, first two digits = 44	8	AN	Board of Equalization (BOE) UST storage fee account number. This number is required before a permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.014 per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at the following address: State Board of Equalization Fuel Industry Section, MIC:30 P.O. Box 942879 Sacramento, CA 94279-0030
419-1	Petroleum UST Financial Responsibility Code = self-insured	Y or N	1	AN	Method(s) used by owner and/or operator in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.
422-2	Petroleum UST Financial Responsibility Code = guarantee	Y or N	1	AN	See description in item 422-1.
422-3	Petroleum UST Financial Responsibility Code = insurance	Y or N	1	AN	See description in item 422-1.
422-4	Petroleum UST Financial Responsibility Code = surety bond	Y or N	1	AN	See description in item 422-1.

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III. UNDERGROUND STORAGE TANK					
A. UST Operating Permit Application-Facility Information					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
422-5	Petroleum UST Financial Responsibility Code = letter of credit	Y or N	1	AN	See description in item 422-1.
422-6	Petroleum UST Financial Responsibility Code = exemption	Y or N	1	AN	See description in item 422-1.
422-8	Petroleum UST Financial Responsibility Code = State Fund and CFO letter	Y or N	1	AN	See description in item 422-1.
422-9	Petroleum UST Financial Responsibility Code = State Fund and CD	Y or N	1	AN	See description in item 422-1.
422-10	Petroleum UST Financial Responsibility Code = local government mechanism	Y or N	1	AN	See description in item 422-1.
422-99	Petroleum UST Financial Responsibility Code = other	Narrative	30	AN	See description in item 422-1.
420	Permit Holder Information	1 = facility owner 3 = tank owner 4 = tank operator 5 = facility operator	1	AN	Party to whom UST permit is to issued and legal notifications and mailings should be sent.
421	Date Certified (UST Facility)	MMDDYYYY	8	D	Date the page was signed.
422	Applicant Phone (UST Facility)	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
423	Applicant Name (UST Facility)		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete. The applicant may be the Owner/Operator or officially designated representative.
424	Applicant Title (UST Facility)		35	AN	Title of person signing the page.
TO1	Tank Operator Name		35	AN	Name of UST operator.
TO2	Tank Operator Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of UST operator, if different from business owner on UPCF Business Owner/Operator Identification page.
TO3	Tank Operator Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of UST operator, if different from business owner.
TO4	Tank Operator City	Postal standard	20	AN	City of UST operator, if different from business

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III. UNDERGROUND STORAGE TANK					
A. UST Operating Permit Application-Facility Information					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					owner.
TO5	Tank Operator State	Valid 2-digit state code	2	AN	State of UST operator, if different from business owner.
TO6	Tank Operator Zip Code	Postal standard	9	AN	Zip code of UST operator, if different from business owner.

III. UNDERGROUND STORAGE TANK					
B. UST Operating Permit Application-Tank Information					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county- 3 AN jurisdiction 6 AN facility number.	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
425	Type of Action (UST Tank)	1 = new site permit 3 = renewal permit 5 = change of information 6 = temporary UST closure 7 = UST permanent closure on site 8 = UST removal	1	AN	Reason page is being submitted.
430-a	Date UST Permanently Closed	MMDDYYYY	8	D	Date the UST was permanently closed.
430-b	Date Existing UST Discovered	MMDDYYYY	8	D	Date the existing UST was discovered.
426	Tank ID #		6	AN	Owner's tank ID #. This is a unique tank number used by owner to identify the tank.
427	Tank Manufacturer		30	AN	Name of company that manufactured tank.
428	Number of Tank Units	1= A stand-alone tank 2= One of two or more compartments.	1	AN	Indicates if the tank is a stand-alone tank or one of two or more compartments within a single secondary containment unit. Each compartment is considered a separate tank and requires the completion of separate tank forms.
435	Date UST System Installed	MMYYYY	6	D	Year and month the tank installation was completed.
	Tank Capacity In				

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III. UNDERGROUND STORAGE TANK					
B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
436	Gallons		7	N	The number of gallons the tank will hold.
437	Number of Compartments		2	AN	Number of compartments within a single secondary containment unit if more than one.
439	Tank Use	1a = motor vehicle fueling 1b = marina fueling 1c = aviation fueling 03 = chemical product storage 04 = hazardous waste (includes used oil) 05 = emergency generator fuel 06 = other generator fuel 95 = unknown 99 = other	2	AN	Activity that the tank use supports.
439a	Specify Other	Narrative	15	AN	Specify other tank use.
440	Tank Contents	1a = regular unleaded 1b = premium unleaded 1c = midgrade unleaded 03 = diesel 05 = jet fuel 06 = aviation gas 07 = used oil 08 = petroleum blend fuel 09 = other petroleum 10 = ethanol 99 = other non-petroleum	2	AN	Substance stored in UST.
440a	Specify Other Petroleum	Narrative	15	AN	Specify other petroleum contents.
440b	Specify Other Non-Petroleum	Narrative	15	AN	Specify other non-petroleum contents.
443	Type of Tank	01 = single wall 02 = double wall 95 = unknown	2	AN	Type of tank construction.
444	Tank Primary Containment Construction	01 = steel 03 = fiberglass 06 = internal bladder 07 = steel + internal lining 95 = unknown 99 = other	2	AN	Construction material of the primary tank.

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III. UNDERGROUND STORAGE TANK B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
444a	Specify Other	Narrative	15	AN	Specify other construction of the primary containment.
445	Tank Secondary Containment Construction	01 = steel 03 = fiberglass 06 = exterior membrane liner 07 = jacketed 90 = none 95 = unknown 99 = other	2	AN	Construction material of the secondary tank.
445a	Specify Other	Narrative	15	AN	Specify other construction of the primary containment.
448	Steel Component Protection	02 = sacrificial anode(s) 04 = impressed current 06 = isolation 90 = none	2	AN	Other tank corrosion protection methods, if applicable.
451-a	1. spill bucket installed	Y or N	1	AN	Indicates that spill buckets are installed.
451-b	3. striker plate / bottom protector installed	Y or N	1	AN	Indicates that a striker plate or bottom protector has been installed.
451-c	4 containment sump	Y or N	1	AN	Indicates that the fill has a containment sump
452	Overfill Prevention	01 = audible & visual alarms 02 = Ball float 03 = fill tube shut-off valve 04 = exempt	2	AN	Overfill prevention hardware installed in UST system.
458	Piping System Type	01 = pressure 02 = gravity 03 = conventional suction 04 = 23 CCR §2636(a)(3) suction	2	AN	Type of underground piping system.
464	Product/Waste Piping Primary Containment Construction	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic 90 = none 95 = unknown 99 = other	2	AN	Construction material of the primary product/waste piping.
464a	Specify Other	Narrative	15	AN	Describe other construction.
464b	Product/Waste Piping Secondary Containment Construction	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic 90 = none 95 = unknown 99 = other	2	AN	Construction material of the secondary product/waste piping.

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III. UNDERGROUND STORAGE TANK					
B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
464c	Specify Other	Narrative	15	AN	Describe other construction.
464d	Piping/Turbine Containment Sump	01 = Single-walled 02 = Double-walled 03 = None	2	AN	Designates type of Turbine Containment Sump
464e	Vent Piping Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary vent piping.
464e1	Specify other vent primary containment construction	Narrative	15	AN	Describe other vent primary containment construction material.
464f	Vent Piping Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the secondary vent piping.
464f1	Specify other vent secondary containment construction	Narrative	15	AN	Describe other vent secondary containment construction material.
464g	Vapor Recovery Piping Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary vapor recovery piping.
464g1	Specify other vapor recovery primary containment construction	Narrative	15	AN	Describe other vapor recovery primary containment construction material.
464h	Vapor Recovery Piping Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the secondary vapor recovery piping.
464h1	Specify other vapor recovery secondary containment construction	Narrative	15	AN	Describe other vapor recovery secondary containment construction material.
464i	Vent Piping Transition Sumps	01 = Single-walled 02 = Double-walled 03 = None	2	AN	Type of Vent piping transition sumps.
464j	Riser Pipe Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary riser piping.
464j1	Specify other riser pipe primary containment construction	Narrative	15	AN	Describe other riser pipe primary containment construction material.
464k	Riser Pipe Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none	2	AN	Construction material of the riser pipe secondary containment.

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III. UNDERGROUND STORAGE TANK B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		99 = other			
464k1	Specify other riser pipe secondary containment construction	Narrative	15	AN	Describe other riser pipe secondary containment construction material.
469a	Under Dispenser Containment Construction Type	01 = Single-walled 02 = Double-walled 03 = No Dispensers	2	AN	Type of Construction of the under dispenser containment sump(s) / pan(s).
469b	Under Dispenser Containment (UDC) Construction Material	01 = steel 04 = fiberglass 10 = rigid plastic 15 = concrete 90 = none 99 = other	2	AN	Construction material of the under dispenser containment sump(s) / pan(s).
469c	Specify Other	Narrative	15	AN	Specify other UDC construction material.
470	Date Certified	DDMMYYYY	8	D	Date the document was signed.
471	Applicant Name		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete.
472	Applicant Title		35	AN	Title of person signing the page.

III. UNDERGROUND STORAGE TANKS C. UST Certification of Installation/Modification					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
482a	Name of Contractor Who Performed Installation/Modification		20	AN	Name of contractor.

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III. UNDERGROUND STORAGE TANKS C. UST Certification of Installation/Modification					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
482b	Contractors License Number		20	AN	Contractors License Number who performed the work.
482c	ICC Cert. #		10	AN	Contractors ICC Certification Number.
483a	Type of Project	01 = Tank Installation or Replacement 02 = Piping Installation or Replacement 03 = Sump installation or Replacement 04 = Under Dispenser containment Installation or Replacement 05 = Other	2	AN	Description of type of installation.
483b	Work Authorized under Permit (Number or Date)		10	AN	Indicates permit number or date of permit authorizing the work being certified.
483c	Description of work being certified.	Narrative	300	AN	Description of installation or modification.
484	Date Certified	DDMMYYYY	8	D	Date tank installation certification was signed.
485	Certifier's Name		35	AN	Name of tank owner or officially designated representative of the owner. The signer certifies to a belief that all the information submitted is accurate and complete.
486	Certifier's Title		35	AN	Title of person signing the page.
487	Phone number	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
429	Name of Certifier's Employer		35	AN	Name of employer of person signing the page.
489	Certifier's Relationship to Tank Owner	01 = tank owner 02 = tank operator 03 = contractor 04 = property owner 05 = other authorized agent of tank owner.	2	AN	Relationship of person signing the page to the UST owner.

III. UNDERGROUND STORAGE TANK D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information

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					must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
M01	Type of Action	01 = New plan 02 = Change of Information	2	AN	Reason page is being submitted.
M02	Plan Type		25	AN	Describes the tanks the plan is for.
M03a	Monitoring Equipment is serviced.	01 = Annually 99 = Other	2	AN	Describes frequency of service performed on monitoring equipment.
M03-b	Specify other frequency for monitoring equipment service.	Narrative	15	AN	Describes other frequency of service performed on monitoring equipment.
M04	Site Plot Plan Submitted	Y or N	1		Indicates if a site plan is submitted with this plan.
M05	Continuous tank monitoring:	Y or N	1		Indicates if continuous tank monitoring is used at the site.
M06	Tank Secondary Containment System	01 = Dry 02 = Liquid Filled 03 = Pressurized 04 = Vacuum	2	AN	Description of Tank secondary containment system.
M07	Electronic Monitor Panel Manufacturer		25	AN	Name of electronic monitor panel manufacturer.
M08	Electronic Monitor Panel Model #		10	AN	Model number of electronic monitor panel.
M09	Leak Sensor Manufacturer		20	AN	Name of Leak Sensor Manufacturer.
M10	Leak Sensor Model #		10	AN	Model Number of Leak Sensor.
M11	Automatic Tank Gauging	Y or N	1	AN	Indicates if this type of monitoring is being performed at the site.
M12	ATG Panel Manufacturer		25	AN	Name of ATG Panel Manufacturer
M13	ATG Model #		25	AN	Model of ATG Panel.
M14	In-Tank Probe Manufacturer		25	AN	Name of ATG Probe manufacturer.
M15	In-tank Probe Model #		25	AN	Model of ATG Probe.
M16	Tank Leak Test Frequency	01 = Continuous 02 = Daily/Nightly 03 = Weekly 04 = Monthly 99 = Other	2	AN	Frequency of Tank Leak Test.
M17	Specify Other Leak Test Frequency	Narrative	10	AN	Other Frequency of Tank Leak Test.
M18	Programmed Tank Tests	01 = .01 gph 02 = .2 gph 99 = Other	2	AN	Sensitivity of the programmed leak tests.
M19	Other Programmed Tests.	Narrative	15	AN	Other designated sensitivity of programmed leak test.
M20	Monthly Statistical Inventory Reconciliation	Y or N	1		Indicates if inventory reconciliation is being performed at the site.
M21	Weekly Manual Tank	Y or N	1		Indicates if Weekly Manual Tank Gauging if being

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	Gauge				performed at this site.
M22	Tank gauging Test Period	01 = 36 hours 02 = 60 hours	1		Length of time for Manual Tank Gauging period.
M23	Tank Integrity testing	Y or N	1		Indicates if Tank Integrity testing is performed at the site.
M24	Tank Integrity Testing Frequency	01 = Annually 02 = Biennially 99 = Other	1		Frequency of Tank Integrity Testing
M25	Specify Other Tank Integrity Testing Frequency	Narrative	15	AN	Frequency of "Other" Tank Integrity Testing.
M26	Other Monitoring	Y or N	1		Indicates if another type of monitoring is used at the site, not already indicated.
M27	Specify other Monitoring.	Narrative	25	AN	Specifies the "other" type of monitoring.
M28	Continuous monitoring of piping secondary containment	Y or N	1	AN	Indicates if continuous monitoring of the piping secondary containment occurs at the site.
M29	Piping Secondary Containment	01 = Dry 02 = Liquid-filled 03 = Pressurized 04 = Vacuum	1	AN	Type of piping secondary containment
M30	Panel Manufacturer	Narrative	25	AN	Name of panel manufacturer.
31	Panel Model #		15	AN	Model number of panel
M32	Leak Sensor Manufacturer	Narrative	25	AN	Name of Leak Sensor manufacturer.
M33	Leak Sensor Model		15	AN	Model of Leak Sensor
M34	Leak Alarm Triggers Automatic Pump Shutdown	Y or N	1	AN	Indicates pump shutdown when a leak alarm occurs.
M35	Failure/Disconnect Triggers Pump Shutdown	Y or N	1	AN	Indicates pump shutdown when failure or disconnect occurs.
M36	Pipeline Mechanical Line Leak Detector Performs 3 gph leak test.	Y or N	1	AN	Indicates that a 3gph line mechanical line leak detector is used at the site.
M37	MLLD Manufacturer	Narrative	25	AN	Name of leak detector manufacturer.
M38	MLLD Model		15	AN	Model of leak detector.
M39	Pipeline Electronic Line Leak Detector performs 3 gph Leak Test	Y or N	1	AN	Indicates that an electronic line leak detector (ELLD) is used at the site.
M40	ELLD Manufacturer	Narrative	25	AN	Manufacturer of ELLD
M41	ELLD Model		15	AN	Model of ELLD.

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M42	ELLD Programmed in-line testing	01 = .2 gph 02 = .1 gph	1	AN	Type of ELLD Test performed.
M43	ELLD Triggers Automatic Pump Shutdown	Y or N	1	AN	Indicates if ELLD triggers automatic pump shutdown.
M44	ELLD Failure/Disconnect triggers Automatic Shutdown.	Y or N	1	AN	Indicates if ELLD triggers auto-shutdown for failure or disconnection.
M45	Pipeline Integrity Testing	Y or N	1	AN	Indicates if pipeline integrity testing occurs at the site.
M46	Pipeline Integrity Testing Frequency	01 = Annually 02 = Every 3 Years 03 = Other	2	AN	Frequency of pipeline integrity testing.
M47	Specify Other Integrity Testing Frequency		10	AN	Other frequency of pipeline integrity testing.
M48	Visual Pipeline Monitoring	Y or N	1	AN	Indicates if visual pipeline monitoring occurs at the site.
M49	Visual Pipeline Monitoring Frequency	01 = Daily 02 = Weekly 03 = Minimum Monthly	2	AN	Frequency of visual pipeline monitoring.
M50	Suction Piping Meets Exemption Criteria	Y or N	1	AN	Indicates if suction piping that meets the criteria is the method to monitor the pipeline.
51	No Regulated Piping in the Tank System	Y or N	1	AN	Indicates that all piping in the tank system is either not regulated or there is no piping.
M52	Other Pipeline Monitoring	Y or N	1	AN	Indicates if other pipeline monitoring option used at site.
M53	Specify Other Monitoring	Narrative	25	AN	Identifies other monitoring option.
M54	Electronic UDC Monitoring	Y or N	1	AN	Indicates continuous electronic monitoring of UDC.
M55	Panel Manufacturer	Narrative	15	AN	Manufacturer of Panel.
M56	Model # of Panel		15	AN	Model # of Panel.
M57	Leak Sensor Manufacturer	Narrative	15	AN	Manufacturer of Leak Sensor.
M58	Model of Leak Sensor		15	AN	Model # of Leak Sensor
M59	A leak in the UDC causes audible and visual alarms.	Y or N	1	AN	Indicates if alarms are triggered when a leak is detected in the UDC.
M60	A UDC leak alarm causes automatic pump shutdown.	Y or N	1	AN	Indicates if leak alarm causes automatic pump shutdown.
M61	Failure/Disconnection of UDC monitoring system shuts down pump.	Y or N	1	AN	Indicates if failure or disconnection of the monitoring system causes pump shutdown.
M62	Mechanical Continuous UDC Monitoring	Y or N	1	AN	Indicates mechanical method (float and chain assembly) method of UDC monitoring.
M63	Manufacturer of Mechanical Mechanism		15	AN	Manufacturer of mechanism.
64	Model of Mechanical UDC		15	AN	Model of the mechanism..
M65a	UDC Secondary	01 = Liquid filled	1	AN	UDC Type of Secondary Containment.

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	Containment	02 = Pressurized 03 = Vacuum 04 = NA			
M65b	A Leak Within the Secondary Containment of the UDS causes audible and visual alarms.	Y or N	1	AN	Indicates that a leak in the UDC secondary containment causes audible and visual alarms.
M66	No Dispensers	Y or N	1	AN	Indicates if there are no dispensers in the system.
M67	Other UDC Monitoring	Y or N			Indicates if other type of UDC monitoring occurs.
M68	Specify other UDC monitoring.	Narrative	15	AN	Describes other type of UDC monitoring.
M69	ELD Testing	Y or N	1	AN	Indicates if tanks are ELD tested on a periodic basis.
M70	Secondary Containment Testing	Y or N	1	AN	Indicates if secondary containment testing is conducted every 36 months.
M71	Spill bucket testing	Y or N	1	AN	Indicates if spill bucket testing is conducted annually.
M72a	Alarm Logs	Y or N	1	AN	Indicates that Alarm log records are kept for the facility.
M72 b	Visual Inspection Records	Y or N	1	AN	Indicates that Visual Inspection Records are kept for the facility.
M72c	Tank Integrity Testing Results	Y or N	1	AN	Indicates that Tank Integrity Testing Results are kept for the facility.
M72d	SIR testing results	Y or N	1	AN	Indicates that SIR testing results and supporting documentation records are kept for the facility.
M72e	Tank Gauging results	Y or N	1	AN	Indicates that Tank Gauging results and supporting documentation records are kept for the facility.
M72f	ATG Testing Results	Y or N	1	AN	Indicates that ATG Testing Results and supporting documentation records are kept for the facility.
M72g	Corrosion Protection Logs	Y or N	1	AN	Indicates that Corrosion Protection Logs are kept for the facility.
M72h	Equipment maintenance and calibration records	Y or N	1	AN	Indicates that Equipment maintenance and calibration records are kept for the facility.
M73a	Personnel with UST monitoring responsibilities are familiar with training documents	Y or N	1	AN	Indicates that personnel within the facility is familiar with the indicated documents.
M73b	UST monitoring plan	Y or N	1	AN	Indicates that facility personnel is familiar with the UST monitoring plan for the facility.
M73c	Operating manuals	Y or N	1	AN	Indicates that facility personnel is familiar with the UST operating manuals for the facility.
M73d	CA UST Regulations	Y or N	1	AN	Indicates that facility personnel is familiar with the CA UST Regulations.
M73e	CA UST Law	Y or N	1	AN	Indicates that facility personnel is familiar with the CA UST Law.
M73f	SWRCB Handbook for Tank Owners-Manual and SIR	Y or N	1	AN	Indicates that facility personnel is familiar with the SWRCB Handbook for Tank Owners-Manual and SIR.
M73g	SWRCB Publication: Automatic Tank Gauging	Y or N	1	AN	Indicates that facility personnel is familiar with the SWRCB Publication: Automatic Tank Gauging.
M73h	Other	Y or N	1	AN	Indicates that another training documents are used.
M73i	Specify Other	Narrative	30	AN	Other Training documents are listed.
M74	Designated Operator Training	Y or N	1	AN	Indicates that the facility has a designated operator and that training will provided.

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M75	Comments and Additional Information	Narrative	150	AN	Additional information to support the application for an operating permit.
M76	Name of first person having responsibility		25	AN	Name of first person having responsibility for monitoring.
M77	Title of first person having responsibility		25	AN	Title of first person having responsibility for monitoring.
M78	Name of second person having responsibility		25		Name of second person having responsibility for monitoring.
M79	Title of second person having responsibility		25	AN	Title of second person having responsibility for monitoring.
M80	Designation of signature	01 = Owner 02 = Operator	2	AN	Indicates who signed the monitoring plan.
M81	Date	MMDDYYYY	8	AN	Date Monitoring Plan is certified.
M82	Name of Owner or Operator		25	AN	Name of Owner or Operator signing monitoring plan.
M83	Owner/Operator Title		25	AN	Title of Owner or Operator signing monitoring plan.

Chapter 4 – Hazardous Waste

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Amend Title 27, division 3, subdivision 1, chapter 4, C., Information Description -- Permit by Rule (PBR) Waste and Treatment Process Combinations, to read as follows:

INFORMATION DESCRIPTION -- Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT, except that items 630-14a through 630-17 cannot be treated under CESQT.

IV. HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations					
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE	INFORMATION DESCRIPTION
606	Unit ID Number		18	AN	Unique identification number for unit. The units can be numbered sequentially or by any other system as long as the numbers are not repeated or duplicated.
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.

INFORMATION DESCRIPTION -- Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.

ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-1a	Aqueous Waste - Hexavalent Chromium Reduction	Y or N	1	AN
630-2a	Aqueous Waste w/Metals - pH Adjustment / Neutralization	Y or N	1	AN
630-2b	Aqueous Waste w/Metals - Precipitation or Crystallization	Y or N	1	AN
630-2c	Aqueous Waste w/Metals - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-2d	Aqueous Waste w/Metals - Ion Exchange	Y or N	1	AN
630-2e	Aqueous Waste w/Metals - Reverse Osmosis	Y or N	1	AN
630-2f	Aqueous Waste w/Metals - Metallic Replacement	Y or N	1	AN
630-2g	Aqueous Waste w/Metals - Plating onto an Electrode	Y or N	1	AN
630-2h	Aqueous Waste w/Metals - Electrodialysis	Y or N	1	AN
630-2i	Aqueous Waste w/Metals - Electrowinning or Electrolytic Recovery	Y or N	1	AN
630-2j	Aqueous Waste w/Metals - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-2k	Aqueous Waste w/Metals - Evaporation	Y or N	1	AN
630-2l	Aqueous Waste w/Metals - Adsorption	Y or N	1	AN
630-3a	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-3b	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Adsorption	Y or N	1	AN
630-3c	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Distillation	Y or N	1	AN
630-3d	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Biological Process Using Microorganisms	Y or N	1	AN

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630-3e	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Photodegradation in Enclosed System	Y or N	1	AN
630-3f	Aqueous Waste w/Organics (<1% Volatiles) - Air Stripping or Steam Stripping	Y or N	1	AN

IV. HAZARDOUS WASTE

C. Onsite Tiered Permitting - Waste and Treatment Process Combinations

INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQ.

ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-4a	Sludges, Dusts, Solids w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-4b	Sludges, Dusts, Solids w/Metal(s) - Grind, Shred, Crush, or Compact	Y or N	1	AN
630-4c	Sludges, Dusts, Solids w/Metal(s) - Drying to Remove Water	Y or N	1	AN
630-4d	Sludges, Dusts, Solids w/Metal(s) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-5a	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-5b	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Drying to Remove Water	Y or N	1	AN
630-5c	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6a	Special Waste (Sec. 66261.120) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-6b	Special Waste (Sec. 66261.120) - Drying to Remove Water	Y or N	1	AN
630-6c	Special Waste (Sec. 66261.120) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6d	Special Waste (Sec. 66261.120) - Screening Based on Size	Y or N	1	AN
630-6e	Special Waste (Sec. 66261.120) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-7a	Special Waste (Sec. 66261.124) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-7b	Special Waste (Sec. 66261.124) - Drying to Remove Water	Y or N	1	AN
630-7c	Special Waste (Sec. 66261.124) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-7d	Special Waste (Sec. 66261.124) - Magnetic Separation	Y or N	1	AN
630-8a	Inorganic Acid/Alkaline Waste - pH Adjustment / Neutralization	Y or N	1	AN
630-9a	Soils w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-9b	Soils w/Metal(s) - Separation by Size	Y or N	1	AN
630-9c	Soils w/Metal(s) - Magnetic Separation	Y or N	1	AN
630-10a	Used Oil, Mixed Oil, Oily Water, Oil/W Sludges - Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-10b	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Distillation	Y or N	1	AN
630-10c	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Neutralization	Y or N	1	AN

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IV. HAZARDOUS WASTE				
C. Onsite Tiered Permitting - Waste and Treatment Process Combinations				
INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESOT.				
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-10d	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-10e	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Reverse Osmosis	Y or N	1	AN
630-10f	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Biological Process Using Microorganisms	Y or N	1	AN
630-11a	Containers (< 110 Gallons) or Liners - Rinsing with Liquid	Y or N	1	AN
630-11b	Containers (< 110 Gallons) or Liners - Crush, Shred, Grind, or Puncture	Y or N	1	AN
630-12a	Multi-component Resins - Mixing per Manufacturer's Instructions	Y or N	1	AN
630-13	Wastestream & Treatment Technology Combination Certified by DTSC per HSC 25200.1.5	Valid Certified Technology Number	10	AN
630-14a	Cyanide Rinsewater, Cyanide Destruction - Oxidation by Addition of Hypochlorite	Y or N	1	AN
630-14b	Cyanide Rinsewater, Cyanide Destruction - Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light	Y or N	1	AN
630-14c	Cyanide Rinsewater, Cyanide Destruction - Alkaline Chlorination	Y or N	1	AN
630-14d	Cyanide Rinsewater, Cyanide Destruction - Electrochemical Oxidation	Y or N	1	AN
630-14e	Cyanide Rinsewater, Cyanide Removal - Ion Exchange	Y or N	1	AN
630-15a	Demineralizer Regenerate with Cyanides, Cyanide Destruction - Oxidation by Addition of Hypochlorite	Y or N	1	AN
630-15b	Demineralizer Regenerate with Cyanides, Cyanide Destruction - Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light	Y or N	1	AN
630-15c	Demineralizer Regenerate with Cyanides, Cyanide Destruction - Alkaline Chlorination	Y or N	1	AN
630-15d	Demineralizer Regenerate with Cyanides, Cyanide Destruction - Electrochemical Oxidation	Y or N	1	AN

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0-15e	Demineralizer Regenerate with Cyanides, Cyanide Removal - Ion Exchange	Y or N	1	AN
630-16a	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Oxidation by Addition of Hypochlorite	Y or N	1	AN
630-16b	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light	Y or N	1	AN
630-16c	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Alkaline Chlorination	Y or N	1	AN
630-16d	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Electrochemical Oxidation	Y or N	1	AN
630-16e	Transfer Equipment Rinsate with Cyanides, Cyanide Removal – Ion Exchange	Y or N	1	AN
630-18	Electrowinning Process Solutions with Cyanides, Metal Recovery	Y or N	1	AN

**Chapter 5 – UP Information
Collection and Reporting Standards
Unified Program Data Dictionary**

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text**

California Environmental Protection Agency Reference Number: U-2007-01

no Title 27, division 3, subdivision 1, chapter 5. UP Information Collection and Reporting Standards Unified Program Data Dictionary - CUPA Section, to read as follows:

1. COMPLIANCE/ACTIVITY INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number should start with the letters CA. If the handler is regulated under Federal RCRA requirements, this ID must be the U.S. EPA identification number.
3	Business Name	Postal standard: 2 lines, 35 character	70	AN	Full legal name of business.
900	RCRA Large Quantity Generator (LQG) of Hazardous Waste	Y or N	1	AN	Indicates if facility generates 1000 kg of RCRA hazardous waste in a calendar month. Identification is based on the business' notification of LQG activity to U.S. EPA. If the designation is incorrect, the CUPA cannot change the designation unless the business notifies U.S. EPA.
901	Generator of Solely California Hazardous Waste	Y or N	1	AN	Indicates if facility generates solely California hazardous waste and does not generate any RCRA waste.
902	CalARP Program: Stationary Source	Y or N	1	AN	Indicates if facility is a stationary source as defined by the CalARP program.
903	CalARP Program: Multiple Stationary Sources	Y or N	1	AN	Indicates if business operates multiple locations in this CUPA jurisdiction that are stationary sources as defined by the CalARP program.
904	CalARP Program: RMP Waiver Determination	Y or N	1	AN	Indicates if the CUPA has waived the requirement for a Risk Management Plan for this stationary source (a RMP waiver).

2. INSPECTION INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP) c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste	1	AN	Program elements inspected. For Tiered Permitting options enter the highest tier.

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		Generator f = Hazardous Waste RCRA Large Quantity Generator (RCRA LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) i = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW)			
906	Inspection Date	YYYYMMDD	8	D	Date of completion of inspection.
907	Inspection Type	a = Routine b = Other	1	AN	Indicates if inspection is routine or other. A routine inspection is a regularly scheduled inspection to evaluate compliance. Does not include follow-up inspections. Other inspections include complaint investigations, closure, release investigations, tank installation and/or removal oversight, tank cleaning, and follow-up enforcement inspections, or other inspections that may be in addition to a regularly scheduled inspection. This includes verification inspections for owners/operators of aboveground storage tanks having to prepare a spill prevention control and countermeasure plan. It does not include regularly scheduled inspections, field or site visits whose principle purpose is informational or educational, pollution prevention education, or visits needed to verify administrative information or orient new owners or operators. A complaint inspection is a service request originating from any outside party, including the public, that initiates a site visit outside of the routine inspection cycle.
909	Pct RTC 90		3	N	Percent (whole number) of routine inspections with Class I or Class II Violations that Returns to Compliance within 90 Days.
910	Number of Class I Violations		2	N	A Class I violation means a deviation that represents a significant threat to human health or safety or the environment because of the volume of the material, the relative hazardousness of the material, or the proximity of the population at risk. The deviation must be significant enough that it could result in releases of material to the environment, material failing to be delivered to an authorized facility, failure to detect releases of material, inadequate financial resources in the case of releases of material, or inadequate financial resources to pay for facility closure, perform emergency cleanup operations or other corrective actions. A Class I violation is also a deviation that is a chronic violation or committed by a recalcitrant violator. A Class I violation is typically one that could be referred to the District Attorney or City Attorney for formal enforcement action. Sanctions are typically imposed for failure to correct the violation. Class I violations are defined in the Health and Safety Code (HSC) section 25110.8.5.
911	Number of Class II Violations		2	N	A Class II violation means a deviation that is not a Class I violation. This count includes violations which would be considered minor, but are knowing, willful, or intentional, or enable the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. Do not include minor violations in this count. Class II violations are defined in 22 California Code of

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California Environmental Protection Agency Reference Number: U-2007-01

					Regulations (CCR) 66260.10.
912	Number of Minor Violations		2	N	A minor violation means a deviation from any regulation, standard, requirement, or permit condition, that is not a Class I violation. Exclude from this count all violations where the violation is knowing, willful, or intentional, or enables the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. These are counted as Class II violations. Also exclude any violation that is a chronic violation or that is committed by a recalcitrant violator, since these are counted as Class I violations
913a	Compliance	a = with only release detection b = with only release prevention c = with both release detection and release prevention d = violation of both release detection and release prevention	1	AN	Indicates if facility contains compliance criteria for release detection, release prevention, or both based on the inspection.
913b	Red Tag Issued	Y or N	1	AN	Indicates if a red tag was issued.
913c	Red Tag Number		5	AN	Identification Number of the Red Tag affixed at the facility. If the tag # is only four digits, insert a zero (0) before the first number: 0xxxx.
913d	Violations Causing Red Tag	1= violation threatening/causing liquid release. 2=violation impairing ability of UST system to detect a leak. 3=chronic violation or committed by recalcitrant violator.	1	AN	Reason for affixing the red tag. Must be a significant violation.
913e	Date Red Tag Affixed	YYYYMMDD	8	D	Date Red Tag affixed to the fill pipe.
913f	Date Red Tag Removed	YYYYMMDD	8	D	Date Red Tag removed.
914	Type of Enforcement Action	a = Notice of Violation (NOV) Only b = AEO - Local Ordinance c = AEO - UP d = Referral to State Attorney General e = Referral to District Attorney f = Referral to County Council or City Attorney g = Referral to US Attorney h = Referral to State Agency i = Referral to Federal Agency j = Referral to Other	1	AN	A notice of violation (NOV) is an informal enforcement action taken by a CUPA. A NOV is written documentation that informs a business of non-compliance and establishes a date by which the non-compliance is to be corrected. A CUPA takes formal enforcement action on non-compliant businesses by initiating administrative enforcement orders and/or referring the case to the State Attorney General, District Attorney, County Council or City Attorney, US Attorney, State Agency, Federal Agency, or other. A formal enforcement action mandates return to compliance by imposing punitive and criminal penalties to businesses that fail to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.
917	Date Returned to Compliance	YYYYMMDD	8	D	Date physical compliance was determined by the CUPA for all violations identified during the inspection. This may not be based on a site visit, but is the date compliance was verified. It may be based on correspondence received from the regulated business.

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California Environmental Protection Agency Reference Number: U-2007-01

7a	Date a Referred Case Settled or Dropped	YYYYMMDD	8	D	Date a referred case is settled or dropped. No date means that the case is open.
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**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
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California Environmental Protection Agency Reference Number: U-2007-01

21	Significant Non-Complier	Y or N	1	AN	Only applies to RCRA hazardous waste facilities. SNC is defined under federal rules.
3. ENFORCEMENT INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP) c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste Generator f = Hazardous Waste Large Quantity Generator (LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) i = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW) - Fixed	2	AN	Program elements inspected. For Tiered Permitting options enter the highest tier. See Summary Report 3 and 4 for instructions for further information concerning the definition and relationships of the various hazardous waste program elements.
915	Date of Enforcement Action	YYYYMMDD	8	D	Date the enforcement action is taken. The date of enforcement action is the date the violation is referred to the DA (for AEOs the date of the final order would be used). If more than one enforcement action is taken, the type and date of each action should be recorded.
916	Type of Formal Enforcement Action	a = Administrative b = Civil c = Criminal d = Civil/Criminal	1	AN	Type of formal enforcement action.
918	Docket Number		13	AN	Number assigned by the court for civil and criminal actions.
919	Final Fine or Penalty Assessed		8	AN	Dollar amount of fine or penalty assessed. This is the final monetary penalty or fine assessed via court or administrative order, or the amount agreed upon in a formal legal settlement. It is based on the value of fines / penalties excluding costs. Round to nearest whole number. Do not use decimal places. Note the fine or penalty is by program element for each enforcement action at each facility, when available. Does not include Supplemental Environmental Projects (SEPs).
920	Supplemental Environmental Projects Value		8	AN	Dollar amount/value of SEPs.

Chapter 6 – Unified Program Consolidated Forms

- **Business Activities**
- **Business Owner/Operator Identification**
- **Hazardous Materials**
- **Underground Storage Tanks:
Facility Information**
- **Underground Storage Tanks:
Tank Information**
- **Underground Storage Tank:
Certification of Installation/Modification**
- **Underground Storage Tank:
Monitoring Plan**
- **On-site Tiered Permitting:
Permit by Rule Page**

Chapter 6 – Unified Program Consolidated Forms

Business Activities

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text**

California Environmental Protection Agency Reference Number: U-2007-01

amends Title 27, division 3, subdivision 1, chapter 6. Unified Program Consolidated Forms, to
lead as follows:

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION BUSINESS ACTIVITIES									
Page 1 of <u> </u>									
I. FACILITY IDENTIFICATION									
FACILITY ID # (Agency Use Only)						EPA ID # (Hazardous Waste Only)			
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)									
BUSINESS SITE ADDRESS									
BUSINESS SITE CITY						104	C A	105	ZIP CODE
II. ACTIVITIES DECLARATION									
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page .									
Does your facility...					If Yes, please complete these pages of the UPCF....				
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?					<input type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION			
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?					<input type="checkbox"/> YES <input type="checkbox"/> NO 4a	Coordinate with your local agency responsible for CalARP.			
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?					<input type="checkbox"/> YES <input type="checkbox"/> NO 5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)			
D. ABOVE GROUND PETROLEUM STORAGE Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.					<input type="checkbox"/> YES <input type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS			
E. HAZARDOUS WASTE Generate hazardous waste?					<input type="checkbox"/> YES <input type="checkbox"/> NO 9	EPA ID NUMBER – provide at the top of this page			
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?					<input type="checkbox"/> YES <input type="checkbox"/> NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)			
Treat hazardous waste on-site?					<input type="checkbox"/> YES <input type="checkbox"/> NO 11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)			
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?					<input type="checkbox"/> YES <input type="checkbox"/> NO 12	CERTIFICATION OF FINANCIAL ASSURANCE			
Consolidate hazardous waste generated at a remote site?					<input type="checkbox"/> YES <input type="checkbox"/> NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION			

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

<p>eed to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO 14</p>	<p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION</p>
<p>Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO 14a</p>	<p>Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.</p>
<p>Household Hazardous Waste (HHW) Collection site?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO 14b</p>	<p>See CUPA for required forms.</p>
<p>F. LOCAL REQUIREMENTS 15</p> <p>(You may also be required to provide additional information by your CUPA or local agency.)</p>		

UPCF Rev. (mm/07)

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes Draft Text

California Environmental Protection Agency Reference Number: U-2007-01 Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials Inventory - Chemical Description pages for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information. Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters CCA. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms ☐ Facility Name ☐ or ☐ DBA - Doing Business As ☐ that might have been used in the past.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
4. HAZARDOUS MATERIALS -
Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page and the Hazardous Materials Inventory - Chemical Description page, as well as an Emergency Response Plan and Training Plan.
Do not answer ☐ YES ☐ to this question if you exceed only a local threshold, but do not exceed the state threshold.
- 4a. REGULATED SUBSTANCES - Refer to www.oes.ca.gov, hazardous materials, CalARP guidance documents for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.
5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If ☐ YES ☐, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK OR CONTAINER - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The facility must have a cumulative storage capacity greater than 1,320 gallons for all ASTs.
NOT Subject to the Act (exemptions):
 - An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC 25270.2 (k)) is not subject to this act and is exempt:
 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC 25143.2. Check ☐ YES ☐ and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check ☐ NO ☐ if you only send recyclable materials to an offsite recycler. You do not need to report.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of ☐ treatment ☐ for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR 67450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer ☐ YES ☐ if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - Testing of the tank
 - Inability to remove hazardous materials stored in the tank.
 - The mixture rule
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
- 14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text**

California Environmental Protection Agency Reference Number: U-2007-01

¹b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.

LOCAL REQUIREMENTS - Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.

UPCF Rev. (mm/07)

Chapter 6 – Unified Program Consolidated Forms

Business Owner/Operator Identification

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text
California Environmental Protection Agency Reference Number: U-2007-01

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ____ of ____

I. IDENTIFICATION

FACILITY ID#										1										BEGINNING DATE										100										ENDING DATE										101																																																											
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)																														3										BUSINESS PHONE																														102																																							
BUSINESS SITE ADDRESS																														103										BUSINESS FAX																														102a																																							
BUSINESS SITE CITY																				104										C										ZIP CODE										105										COUNTY										108																																							
DUNN & BRADSTREET																				106										A										PRIMARY SIC										107										PRIMARY NAICS										107a																																							
BUSINESS MAILING ADDRESS																																																												108a																																																	
BUSINESS MAILING CITY																				108b										STATE										108c										ZIP CODE										108d																																																	
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CONTACT NAME																																																												117										CONTACT PHONE																														118									
CONTACT MAILING ADDRESS																														119										CONTACT EMAIL																														119a																																							
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-PRIMARY-																														-SECONDARY-																																																																															
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BUSINESS PHONE																				125										BUSINESS PHONE																				130																																																											
24-HOUR PHONE																				126										24-HOUR PHONE																				131																																																											
PAGER #																				127										PAGER #																				132																																																											

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text

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ADDITIONAL LOCALLY COLLECTED INFORMATION:

133

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE

DATE

134

NAME OF DOCUMENT PREPARER

135

NAME OF SIGNER (print)

136

TITLE OF SIGNER

137

UPCF (Rev. mm/07)

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information. Please number all pages of your submittal. This helps the Unified Program Agency (UPA) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the UPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the doing business as name.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
- 102a. BUSINESS FAX - Enter the business fax number, area code first.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET - If subject to EPCRA, enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or on the web at www.dnb.com.
107. SIC NUMBER - Enter the primary Standard Industrial Classification System Number Required for EPCRA.
- 107a. NAICS NUMBER - Enter the primary North American Industrial Classification System Number.
108. COUNTY - Enter the county in which the business site is located.
- 108a. BUSINESS MAILING ADDRESS - Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
- 108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
- 108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
- 108d. ZIP CODE - Enter the zip code for the business mailing address. The extra 4 digit zip may also be added.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address, if different from business mailing address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address, if different from business mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address, if different from business mailing address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person who receives all environmental correspondence.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, for the environmental contact, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
- 119a. CONTACT EMAIL - Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative to be contacted in case there is an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for UPA to collect any additional information necessary to meet the requirements of their individual programs. Contact your UPA for guidance.

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text**

California Environmental Protection Agency Reference Number: U-2007-01

134. DATE - Enter the date that the document was signed. (YYYYMMDD)

5. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.

136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.

SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.

137. TITLE OF SIGNER - Enter the title of the person signing the page.

UPCF (Rev. mm/07)

Chapter 6 – Unified Program Consolidated Forms

Hazardous Materials

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
 Draft Text
 California Environmental Protection Agency Reference Number: U-2007-01

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD

☐ DELETE

☐ REVISE

200

Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

CHEMICAL LOCATION

201

CHEMICAL LOCATION CONFIDENTIAL EPCRA

202

☐ YES ☐ NO

FACILITY ID #

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET

☐ Yes ☐ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

EHS*

☐ Yes ☐ No

208

CAS#

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL
TYPE (Check one item only)

☐ a. PURE ☐ b. MIXTURE ☐ c. WASTE

211

RADIOACTIVE ☐ Yes ☐ No

212

CURIES

213

PHYSICAL STATE
(Check one item only)

☐ a. SOLID ☐ b. LIQUID ☐ c. GAS

214

LARGEST CONTAINER

215

FED HAZARD CATEGORIES
(Check all that apply)

☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

UNITS*
(Check one item only)

☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

221

DAYS ON SITE:

222

STORAGE

CONTAINER

☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

223

STORAGE PRESSURE

☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

☐ Yes ☐ No

228

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

238

239

☐ Yes ☐ No

240

241

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text

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242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No	244	245
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.				
ADDITIONAL LOCALLY COLLECTED INFORMATION				246
				If EPCRA, Please Sign Here

UPCF (Rev. mm/07)

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes

Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported separately for each building or outside adjacent area, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information). Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION - Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC §25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
203. MAP NUMBER - If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER - If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	Chronic Health (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure
Pressure Release: Explosives, Compressed Gases, Blasting Agents	

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture containing a hazardous material; which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE - If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present

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above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)

228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)

229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)

246. LOCALLY COLLECTED INFORMATION - This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.

UPCF (Rev. mm/07)

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Facility Information

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION**

PAGE 1

(One form per facility)

TYPE OF ACTION (Check one item only) ☐ 1. NEW PERMIT ☐ 2. RENEWAL PERMIT ☐ 3. CHANGE OF INFORMATION ☐ 4. TEMPORARY FACILITY CLOSURE ☐ 5. PERMANENT FACILITY CLOSURE ☐ 6. TRANSFER PERMIT

400.

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404. FACILITY ID # (Agency Use Only) 405.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 406.

BUSINESS SITE ADDRESS 103. CITY 104.

FACILITY TYPE ☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☐ 5. OTHER 403. Is the facility located on Indian Reservation or Trust lands? ☐ 1. Yes ☐ 2. No 405.

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. PHONE 408.
()

MAILING ADDRESS 409.

CITY 410. STATE 411. ZIP CODE 412.

III. TANK OPERATOR INFORMATION

OPERATOR NAME T01. PHONE T02.
()

MAILING ADDRESS T03.

CITY T04. STATE T05. ZIP CODE T06.

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414. PHONE 415.
()

MAILING ADDRESS 416.

CITY 417. STATE 418. ZIP CODE 419.

OWNER TYPE: ☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY ☐ 7. FEDERAL AGENCY ☐ 8. NON-GOVERNMENT 420.

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TYPE (TK) HQ 44- Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: ☐ 1. FACILITY OWNER ☐ 2. TANK OPERATOR ☐ 3. TANK OWNER ☐ 4. FACILITY OPERATOR 423.

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE DATE 424. PHONE 425.
()

APPLICANT NAME (print) 426. APPLICANT TITLE 427.

UST Operating Permit Application – Facility Information Page 1 Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwwrc-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan; a UST Response Plan; and, for USTs containing petroleum, a Certification of Financial Responsibility for Underground Storage Tanks Containing Petroleum.

The following documents are also required, if applicable (check with your local agency to see if they require submittal):

- ☐ Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- ☐ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME – Complete items 407 - 412 for the property owner. Include the area code and any extension number.
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –
101. TANK OPERATOR NAME – Complete items 413a - f for the UST operator.
102. TANK OPERATOR PHONE – Include the area code and any extension number.
- T03. TANK OPERATOR MAILING ADDRESS –
- T04. TANK OPERATOR CITY –
- T05. TANK OPERATOR STATE –
- T06. TANK OPERATOR ZIP CODE –
414. TANK OWNER NAME – Complete items 414 - 419 for the UST owner.
415. TANK OWNER PHONE – Include the area code and any extension number.
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –
420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
- 423a. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
- APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
 - If the UST(s) is/are owned by a corporation, partnership, or public agency:
 - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
 - 2.) A general partner or proprietor; or
 - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
424. DATE – Enter the date the form was signed.
25. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
26. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Tank Information

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION(One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430.
☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.

BUSINESS SITE ADDRESS 103. CITY 104.

II. TANK DESCRIPTION

TANK ID # 432.	TANK MANUFACTURER 433.	NUMBER OF TANK UNITS. THIS TANK IS: 434. <input type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE OF TWO OR MORE COMPARTMENTS
DATE UST SYSTEM INSTALLED 435.	TANK CAPACITY IN GALLONS 436.	NUMBER OF COMPARTMENTS 437.

III. TANK USE AND CONTENTS

TANK USE	<input type="checkbox"/> 1a. MOTOR VEHICLE FUEL <input type="checkbox"/> 1b. MARINA FUEL <input type="checkbox"/> 1c. AVIATION FUEL 439. <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)] 439a <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED 440. <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify): 440a.
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL 440b. <input type="checkbox"/> 99. OTHER NON-PETROLEUM (Specify):

IV. TANK CONSTRUCTION

TYPE OF TANK	1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN 443.
PRIMARY CONTAINMENT	1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 444. 7. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify): 444a.
SECONDARY CONTAINMENT	1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 445. 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify): 445a.
OVERFILL PREVENTION	1. AUDIBLE & VISUAL ALARMS <input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 452. 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

SYSTEM TYPE	1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION [23 CCR §2636(a)(3)] <input type="checkbox"/> 458.
PRIMARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 464. 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify): 464a.
SECONDARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 464b. 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify): 464c.
PIPING/TURBINE CONTAINMENT SUMP TYPE	1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE <input type="checkbox"/> 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify) <input type="checkbox"/> 464e 464e1
VENT SECONDARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify) <input type="checkbox"/> 464f 464f1
VR PRIMARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify) <input type="checkbox"/> 464g 464g1
VR SECONDARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify) <input type="checkbox"/> 464h 464h1
VENT PIPING TRANSITION SUMP TYPE	1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE <input type="checkbox"/> 464i.
RISER PRIMARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify) <input type="checkbox"/> 464j 464j1
RISER SECONDARY CONTAINMENT	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify) <input type="checkbox"/> 464k 464k1
FILL COMPONENTS INSTALLED	1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input type="checkbox"/> 4. CONTAINMENT SUMP <input type="checkbox"/> 451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 20. NO DISPENSERS <input type="checkbox"/> 90. NONE <input type="checkbox"/> 469a.
CONSTRUCTION MATERIAL	1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify) <input type="checkbox"/> 469b-c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION <input type="checkbox"/> 448.
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IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE	DATE 470.
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APPLICANT NAME (print) 471.	APPLICANT TITLE 472.
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UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwr-c-b)

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – Enter a unique number used to identify the tank. This number may be assigned by the UST owner/operator or the CUPA.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. NUMBER OF TANK UNITS. Check the appropriate box to indicate if the tank is a stand-alone tank or one of two or more compartments in a tank system. A separate UST Operating Permit Application – Tank Information form must be submitted for each compartment.
435. DATE UST SYSTEM INSTALLED – Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF TANK COMPARTMENTS: If the tank is a compartment, enter the total number of compartments in the UST.
439. TANK USE – Check the type of tank usage.
- 439a. If you checked "Other" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
- 440a. If you checked "Other Petroleum" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
- 440b. If you checked "Other" under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
- 444a. If you checked "Other" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
- 445a. If you checked "Other" specify the type of secondary containment in the space provided.
52. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
38. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
- 464a. If you checked "Other" specify the type of primary containment in the space provided.
- 464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
- 464c. If you checked "Other" specify the type of secondary containment in the space provided.
- 464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
- 464e-e1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
- 464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
- 464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.
- 464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
- 464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- 469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None."
- 469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
- 469c. If you checked "Other" specify the construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.

APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.

470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Certification of Installation/Modification

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
CERTIFICATION OF INSTALLATION / MODIFICATION

(One form per project)

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)																					
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)																				3.	
BUSINESS SITE ADDRESS										103.	CITY										104.

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

TYPE OF PROJECT (Check all that apply) <input type="checkbox"/> 1. TANK INSTALLATION OR REPLACEMENT <input type="checkbox"/> 2. PIPING INSTALLATION OR REPLACEMENT <input type="checkbox"/> 3. SUMP INSTALLATION OR REPLACEMENT <input type="checkbox"/> 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT <input type="checkbox"/> 5. OTHER	483a.	WORK AUTHORIZED UNDER PERMIT (Number or Date):	483b.
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DESCRIPTION OF WORK BEING CERTIFIED:	483c
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III. CONTRACTOR INFORMATION

NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION		482a.	
CONTRACTOR LICENSE #	482b.	ICC CERTIFICATION #	482c.

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations.

SIGNATURE OF TANK OWNER OR OWNER'S AGENT	DATE	484.	PHONE	487.	
			()		
CERTIFIER'S NAME (print)	485	CERTIFIER'S TITLE:			486.
NAME OF CERTIFIER'S EMPLOYER (DBA)	488	CERTIFIER'S RELATIONSHIP TO TANK OWNER			489.
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1. TANK OWNER</div><div><input type="checkbox"/> 2. TANK OPERATOR</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 3. CONTRACTOR</div><div><input type="checkbox"/> 4. PROPERTY OWNER</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 5. OTHER AUTHORIZED AGENT OF TANK OWNER</div><div></div></div>					

UST Certification of Installation / Modification Form Instructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- 482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the DBA for the contractor who performed the work as registered with the Contractors State License Board (CSLB).
- 482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at www.cslb.ca.gov).
- 482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) “UST Installation/Retrofitting” certification number possessed by the contractor.
- 483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).
- 483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.
- 483c. DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., “Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.”).

SIGNATURE OF TANK OWNER OR OWNER’S AGENT – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

84. DATE CERTIFIED – Enter the date the form was signed.
485. CERTIFIER’S NAME – Enter the full printed name of the person signing the form.
486. CERTIFIER’S TITLE – Enter the title of the person signing the form.
487. PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.
488. NAME OF CERTIFIER’S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note “N/A” (Not Applicable) in this space.
489. CERTIFIER’S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Monitoring Plan

TYPE OF ACTION	<input type="checkbox"/> 1. NEW PLAN	<input type="checkbox"/> 2. CHANGE OF INFORMATION	M01.
PLAN TYPE	<input type="checkbox"/> MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY.		M02.
check one item only)	<input type="checkbox"/> THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____		

[illegible]

BUSINESS NAME (Same as FACILITY NAME) _____ 3.

BUSINESS SITE ADDRESS	103.	CITY	104.
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Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☐ 1. ANNUALLY ☐ 99. OTHER (Specify):

THE MONITORING LOCATIONS

☐ **Site Plot Plan Submitted.** This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) which shows all required information, it may be included with this plan.

☐ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634) M05

SECONDARY CONTAINMENT IS: ☐ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. VACUUM

PANEL MANUFACTURER:	M07.	MODEL #:	M08
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LEAK SENSOR MANUFACTURER:	M09.	MODEL #(S):	M10
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☐ 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR §2643) MI

PANEL MANUFACTURER: M12. MODEL #: M13

IN-TANK PROBE MANUFACTURER: M14. MODEL #(S): M15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY M16

☐ d. MONTHLY ☐ e. OTHER (Specify): _____ M17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): _____ M18 M1

☐ 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1): M2

☐ 4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645). TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS M21, M22

☐ 5. TANK INTEGRITY TESTING (23 CCR §2643.1): M22
TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALY ☐ c. OTHER (Specify): M23, M24
M25

☐ 99. OTHER (Specify):

☐ 1. CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL M2

☐ 1. CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636) M23

SECONDARY CONTAINMENT IS: ☐a. DRY ☐b. LIQUID FILLED ☐c. PRESSURIZED ☐d. VACUUM

PANEL MANUFACTURER: _____ M30. MODEL #: _____ M31

LEAK SENSOR MANUFACTURER:	M32.	MODEL #(S):	M33
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PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☐ b. NO M34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO M35

☐ 2. PIPE MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636) M36

MLLD MANUFACTURER(S): M37. MODEL #(S): M38

☐ 3. PIPE ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636) M39

ELLD MANUFACTURER(S):	M40.	MODEL #(S):	M41
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PROGRAMMED IN LINE LEAK TEST: ☐ a. MINIMUM MONTHLY 0.2 g.p.h. ☐ b. MINIMUM ANNUAL 0.1 g.p.h. M42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO M43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO M44

☐ 4. PIPE INTEGRITY TESTING (23 CCR §2636)

TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) _____

5. VISUAL PIPE MONITORING. M48.

FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* M49

☐ 6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(n)(3)].

MSO

☐ 7. NO REGULATED FIRING IN THE TANK SYSTEM MS1

☐ 8. OTHER MS2

☐ 99. OTHER (Specify) _____ M53

UST Monitoring Plan – Page 1 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
- J2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Form(s)].
 1. FACILITY ID NUMBER – This space is for agency use only.
 3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- M03a. MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- M03b. Specify Other frequency for monitoring equipment servicing.
- M04. SITE PLAN - Indicate if a site plan is submitted with this monitoring plan.
- M05. IV-1 CONTINUOUS ELECTRONIC MONITORING-Indicate if this monitoring method is being used to monitor the tanks.
If item M05 is checked
- M06. SECONDARY CONTAINMENT- Check the appropriate box to describe the environment inside the tank secondary containment.
- M07. PANEL MANUFACTURER – Enter the name of the manufacturer of the monitoring system control panel (console).
- M08. MODEL # – Enter the model number for the monitoring system control panel.
- M09. LEAK SENSOR MANUFACTURER –, Enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.
- M10. MODEL #(S) – Enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- M11. IV-2 AUTOMATIC TANK GAUGING-Indicate if this method is used for monitoring the UST's.
- M12. PANEL MANUFACTURER – If Item IV-2 is checked; enter the name of the manufacturer of the monitoring system control panel (console).
- M13. MODEL # – If Item IV-2 is checked Enter the model number for the monitoring system control panel.
- M14. IN-TANK PROBE MANUFACTURER – If Item IV-2 is checked; enter the name of the manufacturer of the probe(s).
- M15. MODEL #(S) – If Item IV-2 is checked; enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.
- M16. LEAK TEST FREQUENCY – If Item IV-2 is checked; check the appropriate box to describe the in-tank leak test frequency.
- M17. SPECIFY – If item M16-c is checked, enter the frequency of programmed leak tests.
- M18. PROGRAMMED TESTS – If Item IV-2 is checked; check the appropriate box to describe the tests programmed into the ATG system.
- M19. SPECIFY – If item M18-c is checked, enter the frequency of in-tank leak testing.
- M20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed .
- M21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.
- M22. TESTING PERIOD – If item IV-4 is checked, check the appropriate box to describe the MTG testing period.
- M23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks
- M24. TEST FREQUENCY – If item IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- M25. OTHER: If item IV-5c is checked, specify other test frequency.
- M26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.
- M27. If item IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23 CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.
28. V-1 CONTINUOUS MONITORING OF PIPING SUMP AND OTHER SECONDARY CONTAINMENT: Indicated if this is the monitoring method used for the piping.
- M29. SECONDARY CONTAINMENT: If V-1 is checked: Check the appropriate box to describe the environment inside piping secondary containment.
- M30. PANEL MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the monitoring system control panel (console).
- M31. MODEL # – If V-1 is checked: enter the model number for the monitoring system control panel.
- M32. LEAK SENSOR MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the sensor(s).
- M33. MODEL #(S) – If V-1 is checked: enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- M34. PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.
- M35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.
- M36. V-2 PIPE MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.
- M37. MLLD MANUFACTURER(S) – If V-2 is checked: enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.
- M38. MODEL #(s) - If V-2 is checked: Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.
- M39. V-3 PIPE ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.
- M40. ELLD MANUFACTURER – If V-3 is checked: Enter the name of the manufacturer of the electronic line leak detector(s).
- M41. MODEL #(S) If V-3 is checked; enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.
- M42. PROGRAMMED LINE INTEGRITY TESTS –If V-3 is checked; check the appropriate box to describe the type of tests programmed into the monitoring system.
- M43. WILL ELLD DETECTION OF A PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M44. WILL ELLD FAILURE/DISCONNECTION TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M45. V-4 PIPE INTEGRITY TESTING: Indicate if this monitoring method is used to monitor the pipelines.
- M46. TEST FREQUENCY – If item V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- M47. SPECIFY – If item V-4-c is checked, enter the frequency of pipe integrity testing.
- M48. V-5 VISUAL PIPE MONITORING : Indicate if this monitoring method is used to monitor the pipelines.
- M49. If item V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M50. SUCTION PIPING MEETS EXEMPTION CRITERIA. Indicate if this monitoring method is used to monitor the pipelines.
- M51. NO REGULATED PIPING IN THE TANK SYSTEM. Check this box if none of the piping in the tank system is regulated, or there is no piping.
- M52. V-99 OTHER : Indicate if another method is used for pipeline monitoring.
- M53. SPECIFY – ENTER a brief description of the other line monitoring method(s) used. If additional space is needed, See Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - MONITORING PLAN (Page 2)

VI. UNDER DISPENSER CONTAINMENT MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

1. ELECTRONIC UDC MONITORING		M54
PANEL MANUFACTURER:	M55. MODEL #:	M56.
LEAK SENSOR MANUFACTURER:	M57. MODEL #(S):	M58
<input type="checkbox"/> A LEAK WITHIN THE UDC CAUSES AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M59
<input type="checkbox"/> A UDC LEAK ALARM CAUSES AUTOMATIC PUMP SHUTDOWN <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M60.
<input type="checkbox"/> FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM CAUSES AUTOMATIC PUMP SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M61
<input type="checkbox"/> 2. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.		M62.
<input type="checkbox"/> FLOAT AND CHAIN ASSEMBLY <input type="checkbox"/> ELECTRONIC STAND ALONE <input type="checkbox"/> OTHER (Specify):		M63.
MANUFACTURER M63. MODEL #(S):		M64.
<input type="checkbox"/> 3. DOUBLE-WALLED UDC IS MONITORED BY: <input type="checkbox"/> 1. LIQUID FILLED <input type="checkbox"/> 2. PRESSURIZED <input type="checkbox"/> 3. VACUUM <input type="checkbox"/> 4. NA		M65a
A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC CAUSES AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		M65b
<input type="checkbox"/> 4. NO DISPENSERS M66 <input type="checkbox"/> 99. OTHER (Specify):		M67 M68

VII. PERIODIC SYSTEM TESTING

<input type="checkbox"/> 1. ELD TESTING: I HAVE BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT I MUST PERFORM <u>ENHANCED LEAK DETECTION (ELD)</u> FOR THE UST(S) COVERED BY THIS PLAN. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1)	M69.
<input type="checkbox"/> 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.	M70
<input type="checkbox"/> 3. SPILL BUCKETS ARE TESTED ANNUALLY.	M71

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

- | | | |
|---|--|--|
| <input type="checkbox"/> Alarm logs M72a | <input type="checkbox"/> Visual Inspection Records M72b | <input type="checkbox"/> Tank integrity testing results M72c |
| <input type="checkbox"/> SIR testing results (and supporting documentation records). M72d | <input type="checkbox"/> Tank gauging results (and supporting documentation records). M72e | |
| <input type="checkbox"/> ATG Testing results (and supporting documentation records). M72f | <input type="checkbox"/> Corrosion Protection 60-day logs M72g | |
| <input type="checkbox"/> Equipment maintenance and calibration records. M72h | | |

IX. TRAINING

<input type="checkbox"/> Personnel with UST monitoring responsibilities are familiar with all of the FOLLOWING documents relevant to their job duties. M73a
REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)
<input type="checkbox"/> THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) M73b
<input type="checkbox"/> OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) M73c
<input type="checkbox"/> CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS M73d
<input type="checkbox"/> CALIFORNIA UNDERGROUND STORAGE TANK LAW M73e
<input type="checkbox"/> STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" M73f
<input type="checkbox"/> SWRCB PUBLICATION: Automatic Tank Gauging" M73g
<input type="checkbox"/> OTHER (Specify): M73h, M73i
<input type="checkbox"/> This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:
> Operation of the UST systems in a manner consistent with the facility's best management practices
> The facility employee's role with regard to the monitoring / leak detection equipment as specified in this UST Monitoring Plan
> The facility employee's role with regard to spills and overfills as specified in this UST Monitoring Plan
> Names and contact person(s) for emergencies and leak detection/monitoring alarms. M74

X. COMMENTS/ADDITIONAL INFORMATION

Attach comments and any additional information on specific monitoring procedures to this plan. M75

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for performing the daily/routine UST monitoring activities and maintaining UST leak detection equipment covered by this plan, and for investigation of all conditions that indicate a possible release, and proper maintenance of all monitoring records. The following person(s) are routinely on site, and are responsible for the day-to-day monitoring and equipment maintenance.	
NAME M76	TITLE M77
NAME M78	TITLE M79
The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.	

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.	
OWNER/OPERATOR SIGNATURE <input type="checkbox"/> 1. Owner <input type="checkbox"/> 2. Operator M80	DATE: M81
OWNER/OPERATOR NAME (print): M82	OWNER/OPERATOR TITLE: M83

Local Agency Signature: _____

Date: _____

Comments or Special Conditions: _____

UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- M54. VI-1 CONTINUOUS MONITORING OF UNDER DISPENSER CONTAINMENT – Check to identify if this method is used to monitor the UDC.
- M55. PANEL MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M56. MODEL # – If item VI-1 is checked, enter the model number for the monitoring system control panel. If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M57. LEAK SENSOR MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the sensor(s).
- M58. MODEL #(S) – If item VI-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X. If VI-1 is checked, check the appropriate boxes to indicate how the UDC leak detection will react.
- M59. A LEAK INTO UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No
- M60. A UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN? Indicate Yes or No
- M61. FAILURE/DISCONNECTION OF UDC MONITORING TRIGGERS AUTOMATIC PUMP SHUTDOWN? Indicate Yes or No
- M62. VI-2 UDC MONITORING: Check to identify if this method is used to monitor the UDC.
- M63. MANUFACTURER – If item VI-2 is checked, enter the MANUFACTURER for each type of mechanical leak detection assembly installed.
- M64. MODEL #(S) – If item VI-2 is checked, enter the model number for each type of mechanical leak detection assembly installed. If additional space is needed, use Section X.
- M65a. UDC SECONDARY CONTAINMENT – Check the containment type if the UDC is DW. If not DW mark NA.
- M65b. If VI-3 is checked indicate if a LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC CAUSES AUDIBLE AND VISUAL ALARMS, Yes or No.
- M66. NO DISPENSERS, Check to identify if there are no dispensers in the system.
- M67. VI-99 OTHER Check to identify if ANOTHER method is used to monitor the UDC
- M68. SPECIFY – If item VI-99 is checked, enter a brief description of the other method(s) used to monitor the UDC. If additional space is needed, use Section IX.
- M69. VII-1 ELD TESTING Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
- M70. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS: Check the box if you have secondary containment that requires testing.
- M71. SPILL BUCKET TESTING: Check the box if you have spill buckets.
- M72a-h. VIII RECORDKEEPING: Indicate which monitoring and equipment maintenance records are maintained for this facility.
- M73a. IX TRAINING STATEMENT: Check the box to verify that the statement is true.
REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that items 1, 2, and 3 must be kept at the facility.
- M73b. IX-1 MONITORING PLAN: Indicate that this plan is kept as a reference document.
- M73c. IX-2 OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.
- M73d. IX-3 CA UST REGULATIONS: Indicate that this is kept as a reference document.
- M73e. IX-4 CA UST LAW: Indicate that is kept as a reference document.
- M73f. IX-5 STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION: Indicate that is kept as a reference document.
- M73g. VIII-6 SWRCB PUBLICATION: "WEEKLY MANUAL TANK GAUGING FOR SMALL UNDERGROUND STORAGE TANKS: Indicate that is kept as a reference document.
- M73h. VIII-99 OTHER : Indicate that other reference documents are kept.
- M73i. SPECIFY – If item VIII-99 is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, SEE Section IX.
- M74. DESIGNATED OPERATOR TRAINING: Check this box to verify that this statement is true.
- M75. COMMENTS/ADDITIONAL INFORMATION – You may attach additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.
- M76. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
- M77. TITLE – Enter the title of the person.
- M78. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.
- M79. TITLE – Enter the title of the second person.
OWNER/OPERATOR SIGNATURE – The owner/operator shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section VIII has been implemented..
- M80. REPRESENTING – Check the appropriate box to indicate whether the signer is representing the UST owner or UST operator.
- M81. DATE – Enter the date the plan was signed.
- M82. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.
- M83. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

Chapter 6 – Unified Program Consolidated Forms

On-site Tiered Permitting: Permit by Rule Page

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text
California Environmental Protection Agency Reference Number: U-2007-01

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

PERMIT BY RULE PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit – check all that apply)

Unit ID#

606

Facility ID#

1

Page of

630

1. Aqueous waste containing hexavalent chromium may be treated by the following process:

- ☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

- | | |
|---|--|
| <input type="checkbox"/> a. pH adjustment or neutralization | <input type="checkbox"/> g. Plating the metal onto an electrode. |
| <input type="checkbox"/> b. Precipitation or crystallization | <input type="checkbox"/> h. Electrodialysis. |
| <input type="checkbox"/> c. Phase separation by filtration, centrifugation, or gravity settling | <input type="checkbox"/> i. Electrowinning or electrolytic recovery. |
| <input type="checkbox"/> d. Ion exchange | <input type="checkbox"/> j. Chemical stabilization using silicates and/or cementitious types of reactions. |
| <input type="checkbox"/> e. Reverse osmosis | <input type="checkbox"/> k. Evaporation. |
| <input type="checkbox"/> f. Metallic replacement | <input type="checkbox"/> l. Adsorption. |

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:

- ☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Adsorption.
- ☐ c. Distillation.
- ☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
- ☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
- ☐ f. Air stripping or steam stripping.

Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:

- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
- ☐ c. Drying to remove water.
- ☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

- | | |
|--|---|
| <input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions. | <input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling. |
| <input type="checkbox"/> b. Drying to remove water | |

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:

- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Drying to remove water.
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.
- ☐ d. Screening to separate components based on size.
- ☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

- | | |
|--|---|
| <input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions. | <input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling. |
| <input type="checkbox"/> b. Drying to remove water. | <input type="checkbox"/> d. Magnetic separation. |

8. Inorganic acid or alkaline wastes may be treated by the following technology:

- ☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

- | | |
|--|--|
| <input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions. | <input type="checkbox"/> c. Magnetic separation. |
| <input type="checkbox"/> b. Screening to separate components based on size. | |

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

- ☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Distillation.
- ☐ c. Neutralization
- ☐ d. Separation based on differences in physical properties such as size, magnetism or density.

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- e. Reverse osmosis.
 - f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.
- ☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
 - ☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
12. Multi-component resins may be treated by the following process:
- ☐ a. Mixing the resin components in accordance with the manufacturer's instructions.
13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.
- _____
Certified Technology Number
14. Aqueous wastes generated by rinsing products and fixtures holding products that were processed in cyanide containing solutions may be treated by the following technologies:
- ☐ Oxidation by addition of hypochlorite
 - ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
 - ☐ Alkaline chlorination
 - ☐ Electrochemical oxidation
15. Aqueous wastes generated by regeneration of demineralizer (ion exchange) columns that were used for recycling of wastewaters at facilities that have eliminated the discharge of wastewaters (other than sanitary discharges) may be treated by the following technologies:
- ☐ Oxidation by addition of hypochlorite
 - ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
 - ☐ Alkaline chlorination
 - ☐ Electrochemical oxidation
16. Rinseate from rinsing equipment used to transfer aqueous solutions containing cyanides such as containers, pumps, and hoses may be treated by the following technologies:
- ☐ Oxidation by addition of hypochlorite
 - ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
 - ☐ Alkaline chlorination
 - ☐ Electrochemical oxidation
17. Process solutions with recoverable amounts of metal may be treated by the following technology:
- ☐ Electrowinning to recover metals prior to further treatment, including destruction of incidental amounts of cyanide by electrochemical oxidation resulting from the electrowinning process

UPCF (mm/07)

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC §25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, division 3, subdivision 1, chapter 1-5, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

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66. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous

Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW 629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA 630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR 631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
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Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

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A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.

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